



# Euthanasia Prevention Coalition

## NEWSLETTER

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### International Symposium June 3-4, 2011

The Third International Symposium on Euthanasia and Assisted Suicide will be June 3-4, 2011, at the Vancouver Airport Marriott Hotel.

\$139 for a regular room, \$159 for a suite.

Reserve your room at: 1-877-323-8888 and state that you are attending the Euthanasia Prevention Coalition meeting.

The registration fee is \$199 regular and \$149 for a student or a person with a disability.

The registration fee does not include the cost for the Friday banquet. The banquet speaker is Senator Helen Polley (Labor) from Tasmania, Australia.

The banquet fee is \$50.

Symposium speakers include:

- Harold Albrecht, MP (Conservative) PCPCC - Canada
- Joe Comartin, MP (NDP) PCPCC - Canada
- Dr. Margaret Cottle, Palliative Care, EPC Canada
- Linda Couture, Vivre dans la Dignité - Quebec
- Margaret Dore, Elder Law Attorney - Seattle
- Krista Flint, Inclusive Humanity - Canada
- Nick Goiran, MLC (Liberal Party) Western Australia
- Marilyn Golden, Disability Research Defense Education Fund - California USA

- Senator Greg Hinkle - Montana USA
- Gordon MacDonald, Care Not Killing Scotland.
- Rita Marker, International Task Force - USA
- Steven Passmore, Disability activist, EPC Canada
- Senator Helen Polley - (Labor Party) Australia.
- Dr. Christopher Ryan - EPC - BC
- Dr. Peter Saunders - Care Not Killing UK.
- Hugh Scher, Constitutional lawyer (EPC)
- Michelle Simson MP (Liberal) PCPCC - Canada
- Paul Russell, Hope Australia.
- Alex Schadenberg, EPC Canada
- Rhonda Wiebe, Council of Canadians with Disabilities.
- and more

You will learn about the incredible challenges and success in Australia, UK, Scotland, Montana, etc. You will hear how a “made-in-Canada” response to euthanasia and assisted suicide may be used in a worldwide effort.

The Third International Symposium is designed to convey how groups and individuals continue to defeat the euthanasia lobby worldwide, while explaining how our opposition has changed and the direction we must follow to continue to be successful in the future.

### Montana Senator Hinkle moves to reverse Baxter court decisions through the “Elder Abuse Prevention Act”

Senator Greg Hinkle held a press conference on January 10 to introduce the Elder Abuse Prevention Act, to reverse the Baxter court decision that opened the door to assisted suicide in Montana.

Deborah Chevalier, the mother of Nadia Kajouji, was at the press conference to support Senator Hinkle’s Predator Bill, that is designed to further protect Montana residents from Suicide Predators such as William Melchert-Dinkel, who encouraged Kajouji, via the internet, to commit suicide in March 2008.

It is Senator Hinkle’s intent to close the door on assisted suicide in Montana while ensuring that vulnerable suicidal people are also protected from online suicide predators.

### Euthanasia Prevention Coalition Vancouver event

The Euthanasia Prevention Coalition of British Columbia has organized an afternoon event on Sunday, February 27 from 2 to 4 p.m. at the Vancouver Airport Marriott hotel.

Alex Schadenberg will give an update on the issues and explain several recent significant studies related to euthanasia and assisted suicide.

The group will then have a short discussion.

The cost to attend is \$20.

## The acquittal of Stéphan Dufour is not a precedent for assisted suicide cases in Canada

By Alex Schadenberg

On December 22, 2010; Stéphan Dufour was acquitted of the charge of assisting the suicide of his uncle Chantal Maltais. The acquittal was unanimously upheld by three judges on the Quebec Court of Appeal.

The judges correctly stated:

“Assisted suicide is a specific intent crime and the Crown had to prove the accused had the intent to cause the death of his uncle. The judges noted Dufour didn’t want his uncle to die and his limited intellectual capacities prevented him from resisting to pressures from Maltais any longer.”

Assisted suicide is dealt with under section 241 of the criminal code. Assisted Suicide is the action of one person directly and intentionally, aiding, abetting or counseling another person to commit suicide, whether suicide occurs or not.

Certain cases are clear – such as the death of Nadia Kajouji (18) whereby William Melchert-Dinkel had admitted to intentionally counseling Kajouji, via the internet, to commit suicide. But Dufour’s case was different – he had limited capacity, and he did not want his uncle to die.

The Dufour acquittal should not be treated as a precedent, as some would argue, but rather a sign that the law is being properly upheld.

From the beginning, based on the facts of the case, the Euthanasia Prevention Coalition (EPC) questioned whether the charge of assisted suicide was appropriate.

When Dufour was found not guilty (December 12, 2008), EPC stated:

“The Euthanasia Prevention Coalition is convinced that this case is not a straightforward case, that there are questions as to whether Dufour intended or had the mental capacity to intend to participate in the death of his uncle.

“We are convinced that no precedent has been set in this case. The facts would lead one to question whether there was intention to break the law or whether the harassment by Maltais and his limited mental capacity was a reasonable limit on his intention.”

On December 30, 2008, the Crown appealed the acquittal of Dufour.

At that time, EPC stated:

“The Euthanasia Prevention Coalition (EPC) reacted to the acquittal of Stephan Dufour on December 12, 2008 by challenging the comments by the euthanasia

lobby that this case was a precedent setting case. EPC recognized that Dufour set up the suicide device for Maltais, his uncle, but he did so under extreme duress and did not encourage his uncle to commit suicide. EPC also considered Dufour’s diminished mental capacity as a mitigating factor, making him less capable of resisting the pressure from his uncle.

“EPC welcomes

the appeal, if the Crown brings new evidence into the case but without new evidence this will only be a retrial of a questionable case.

“This case did not put assisted suicide on trial but rather the defense was based on the capacity of Dufour to break the law. This cannot be a jury nullification of assisted suicide but rather a question of Dufour’s mental capacity to commit the crime.

“Once again EPC does not consider this case to be a precedent-setting case in Canada because it is riddled with mitigating factors that make its outcome uncertain under any circumstances.”

On January 5, 2009, EPC agreed with the editorial in Montreal’s *The Gazette* that stated that the Dufour acquittal was not a precedent setting case and that the people of Quebec should reject assisted suicide.

The editorial in *The Gazette* correctly stated:

“Dufour’s case is staggeringly sad. The 31-year-old mentally-handicapped man was browbeaten by his uncle, Chantal Maltais, until he agreed to rig up a contraption which Maltais used to hang himself.

“In acquitting Dufour the jury was surely acting out of a desire to spare an intellectually-incapacitated young man, more than from any wish to increase legal access to assisted suicide. But Dufour should never have been tried on this charge; he should have been declared unfit for trial. If supporters of assisted suicide choose this case as a template, they’re in trouble.”

EPC is concerned that the Dufour case will be falsely treated as a precedent, and seen as an example the court refusing to convict someone who assists a suicide.

EPC was concerned from the outset that charging Dufour with assisted suicide was an inappropriate charge.

Whereas, we question whether Chantal Maltais was given adequate support by society, EPC believes that based on the facts of the case, that justice has been done.

### EPC Seeking Assistant to the Executive Director

The Euthanasia Prevention Coalition (EPC) has received funding to hire a full-time assistant to the executive director.

The successful applicant should have the following:

- Excellent skills in print and web layout.
- Proficiency in website design, an asset.
- Excellent research, writing and editing skills.
- French fluency an asset.
- Be willing to work in London, Ontario.

Interviews will be offered to the best candidates

Resumés must be received by January 28, 2011. Respond by sending a resumé and any other applicable information (samples) to: [info@epcc.ca](mailto:info@epcc.ca).

For more information email or call: 519-439-3348.

## The impact of euthanasia and assisted suicide on vulnerable groups in the Netherlands and Oregon

By Alex Schadenberg

A recent article states that the 2007 study by Margaret Battin is incomplete at best.

The article by Ilora Finlay (Baroness of Llandaff), professor of palliative care in Cardiff UK, and Professor Robert George in London UK., was published in the *European Journal of Public Health*.

In September 2007, euthanasia activist and scholar Margaret Battin published a study in the *Journal of Medical Ethics* entitled: “Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in “vulnerable groups”.

When this study was released, it received headlines from the media and it was stated that:

“A ground-breaking study recently published in the *Journal of Medical Ethics* came to the conclusion that where physician-assisted dying is legally available, there is no evidence that patients in vulnerable groups received assistance in dying in greater numbers than the general population — additional proof there is no slippery slope.” (Canoe network - November 4, 2007)

The Battin study has been repeated continuously by the euthanasia lobby as proof that a “slippery slope” does not exist and that vulnerable persons are not threatened by the legalization of euthanasia and assisted suicide.

In a recent TV interview, the person representing the euthanasia lobby challenged my position by quoting the false conclusion by the Battin study.

Further to that, when Francine Lalonde in Canada and Margaret MacDonald in Scotland were defending their bills to legalize euthanasia they regularly referred to the conclusions in the Battin study.

When the Battin study was released, EPC was the first group in the world to respond to it and we printed a full-analysis of the study in Newsletter #79. Our analysis of the Battin study asked the question: Is this study Propaganda or Research?

Finlay & George probably wrote this article in response to the euthanasia lobby in the UK who continue to push for the legalization of euthanasia and assisted suicide.

EPC is particularly pleased with the publishing of this article because it will help us counter the soon-to-be-published “Dying with Dignity” report that is being written by Jocelyn Downie, with her stacked deck of colleagues from the Royal Society of Canada.

The Royal Society of Canada appointed a group of intellectuals to produce a report that appear to be entitled: Dying with Dignity. This report is due to be released within the next month and is likely to contain many of the same arguments used by the Battin study.

Finlay & George reject the validity of the Battin study based on four distinct grounds.

First, Battin suggests that the elderly do not disproportionately die by assisted suicide.

Finlay & George point out that Battin compares the rate of assisted suicide in the 18 to 64 age category to the 85 and over age category and omits the data from people 65 to 84. They then compare the rate of assisted suicide by using all the age categories and conclude that the Battin conclusion is false.

Second, Battin defines vulnerability based on socio-economic groups that are more commonly used to research issues related to employment or education. The Battin study concludes that people who are socio-economically deprived are not more likely to die by assisted suicide in Oregon.

Finlay & George examine vulnerability based on experiencing uncontrolled symptoms or a distressing medical condition, a person’s ability to communicate or a person being socially devalued. By examining vulnerability based on the fact that people request assisted suicide based on: loss of control, indignity and being a burden on others, then it becomes apparent that vulnerable people are more likely to request assisted suicide.

The Battin study stated that nobody in Oregon received a lethal dose who was not terminally ill (within six months of death). Battin suggests that the reason some people, live more than six months after receiving the lethal dose is due to limitations in prognostication.

Finlay & George acknowledge the limitation in prognostication but then state that it is not possible for Battin to state that nobody received a lethal dose who was not within six months of death. They state that the reports are based on voluntary reports by prescribing doctors who are unlikely to self-report abuses.

Finlay & George point out that even the Oregon reports state that the range between first request and death is between 15 and 1009 days. Therefore, at least one person lived more than three years after receiving the lethal prescription.

The Battin study stated that approximately 20% of requests for assisted suicide come from depressed patients but no depressed person has died by assisted suicide in Oregon.

Finlay & George point out that the study by Linda Ganzini that was published in the British Medical Journal in August 2008 on depression and anxiety in patients requesting assisted suicide proves that Battin is wrong.

Ganzini examined 58 people who requested assisted suicide in Oregon, of whom 18 were given lethal prescriptions. Three of the 18 people had treatable but undiagnosed depression at the time of their assessment. Ganzini concluded that: ‘Oregon’s Death with Dignity Act may not adequately protect all mentally ill patients.’

The fact is that between 2007 - 2009, 168 people died by assisted suicide in Oregon and only two of them received a psychiatric or psychological assessment.

Finlay & George conclude their assessment of the Battin study by referring to its conclusions as mythology.

## Killing the vulnerable by dehydration

Recently, an Italian newspaper, *Avvenire*, interviewed bio-ethicist Wesley Smith about the deaths of Terri Schiavo and Eluana Englaro. Schiavo and Englaro had similar cognitive disabilities and both of them were directly and intentionally dehydrated to death.

Last fall, we had a similar case in Canada when Pastor Joshua Mayandi, who had a cognitive disability, but who was not otherwise dying, was dehydrated to death.

The comments by Wesley Smith were particularly insightful and worth reading. The translation is as follows:

### *What is the importance of cases like Eluana and Terri Schiavo, what is the public's reaction to them?*

The country (USA) is generally unaware of the Eluana Englaro case. Ever since the Terri Schiavo media circus, I think that the attention to these issues has waned, especially if they are overseas stories --perhaps because the media think the issue has been settled.

### *From a legal point of view, what are the repercussions of the Schiavo case in the United States?*

After Terri's death, there have been a few attempts to make it more difficult to dehydrate people with cognitive dis-

abilities. But politicians were scared off by the media outcry against Terri's family and the "religious right", ignoring the fact that disability rights activists were also part of the movement to save her life.

### *The issue of artificial nutrition as a medical treatment is of very topical interest in Italy. What do American doctors think about it?*

I don't think that doctors behaved differently after the Terri Schiavo case. Food and water are pulled almost as a matter of routine. Most doctors think of it as just part of the practice of medicine. It is only when families disagree that these cases go to court or make news.

### *What are the consequences of these definitions?*

Because the tube requires a minor surgical procedure and the sustenance is specially prepared to have a proper balance of nutrients, in the United States it is defined as a medical treatment. But if it means that it can be refused as you can refuse an aspirin, then there are ethical problems, because refusing food and water will have only one possible outcome: death. So I think artificial nutrition and hydration should be in a category of its own and not so easily withheld or withdrawn.

## Cornell University study finds that only a fraction of elder abuse cases are reported

The Sacramento Bee paper published an article on December 31, 2010 written by Anita Creamer on a Cornell University study that found that only a fraction of elder abuse cases are ever reported.

The article stated:

"New research from Cornell University's medical college suggests that the incidence of elder abuse and exploitation is far greater than experts had expected.

"The study, which is not available online, compared the number of cases reported to law enforcement, agencies that serve the aging and other authorities with those mentioned in 4,000 random phone surveys of people 60 and older.

"For every elder abuse case reported to a mandated enforcement agency, the survey found, 23.5 unreported cases occurred. What's more, for each case of financial abuse of elders reported to authorities, 43.9 actually occurred - and 57.2 cases of neglect occurred."

Society needs to recognize the tragic scourge of elder abuse and institute policies that will enable law enforcement to protect people from elder abuse.

Further to that, society needs to admit that certain policies will only increase the affliction of elder abuse such as legalizing or "turning a blind eye" to cases of euthanasia and assisted suicide.

We are thankful that the Canadian government has made the prevention of elder abuse a government priority.

## Recent study on Belgium euthanasia explains why nearly 50% of euthanasia deaths are not reported

A study that was published in the European Journal of Public Health on December 3, 2010 explains why recent studies that showed that nearly 50% of all euthanasia deaths are not reported.

The study used five hypothetical cases to determine when physicians in Belgium consider an action to be euthanasia and when they did not. The study

confirmed that only certain techniques of euthanasia, were considered euthanasia by physicians in Belgium.

The study found that only 81% of physicians considered the use of neuromuscular relaxants with sleep inducing drugs to be euthanasia, while only 21% believed that using a massive over-dose of morphine or other drugs with the in-

tention of causing death was euthanasia.

The study also found that when a physician labeled an act to be euthanasia that more than 10% of the time they would not report the incident.

The study also showed that a small number of appropriate cases were labeled as euthanasia.